



Vendor Setup Form

Vendor Type

New Vendor

Information Change

Sub-Contractor

Business Name for Payments _____

1099 Reporting Name (if different than above) _____

Address for Remittance _____

Apt./Suite _____ City _____ State _____ Zip _____

Tax ID Number TIN (FEIN) or Social Security Number (SSN) _____

Contact Name _____ Contact Phone _____

Contact Email _____

**Please attach/submit the following:

- Signed copy of W-9
- Certificate of insurance (as required per the [Vendor Management Program](#))

Type of Business Entity

Corporation

Partnership

Individual/Sole Proprietor

Other _____

Name _____

Vendor Certification & Vendor Compliance Acknowledgement

I certify that (1) the Tax Identification Number (TIN) shown on this form is my correct TIN for the individual or organization stated above and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I AM A U.S. CITIZEN OR LAWFULLY ENTITLED TO CONDUCT BUSINESS IN THE U.S. ADDITIONALLY, THE HOTEL MANAGEMENT SERVICES, INC. "VENDOR MANAGEMENT PROGRAM" GUIDELINES ARE HEREBY INCORPORATED BY REFERENCE AND AS SUCH, THE VENDOR AGREES TO ABIDE BY THESE GUIDELINES AND REQUIREMENTS WHILE IN THE SERVICE AS A VENDOR FOR HOTEL MANAGEMENT SERVICES, INC.

Signature _____ Date _____

Please email completed form and attachments to vendors@hmshotel.com.